

**REVOCATION AND NEW APPOINTMENT  
OF POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

ATTORNEY DOCKET NO.

**16043-74339**

U.S. APPLICATION SERIAL NO.

**10/617,254**

CONFIRMATION NO.

**2427**

FILING DATE

**July 11, 2003**

INVENTOR(S)

**Myrtle THIERRY-PALMER**

EXAMINER (If known)

**Leon B. LANKFORD, JR**

ART UNIT (If known)

**1651**

TITLE OF APPLICATION

**METHOD FOR IDENTIFYING SALT-SENSITIVE PERSONS**

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number

**24728**

Patent & Trademark Office

to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.

Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

SIGNATURE of Inventor

*Myrtle Thierry-Palmer*

**3/23/2010**

Signature

Date

**Myrtle Thierry-Palmer**

Printed or Typed Name

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

**REVOCATION AND NEW APPOINTMENT  
OF POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

ATTORNEY DOCKET NO. <b>16043-74339</b>	
U.S. APPLICATION SERIAL NO. <b>10/617,254</b>	CONFIRMATION NO. <b>2427</b>
FILING DATE <b>July 11, 2003</b>	

INVENTOR(S) <b>Myrtle THIERRY-PALMER</b>	EXAMINER (If known) <b>Leon B. LANKFORD, JR</b>	ART UNIT (If known) <b>1651</b>
---	--	------------------------------------

TITLE OF APPLICATION

**METHOD FOR IDENTIFYING SALT-SENSITIVE PERSONS**

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number

<b>24728</b>
Patent & Trademark Office

to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.

Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

**SIGNATURE of Inventor**

**04/05/10**

Signature

Date

**Akins Doherty**

Printed or Typed Name

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.
---

**REVOCATION AND NEW APPOINTMENT  
OF POWER OF ATTORNEY AND  
CHANGE OF CORRESPONDENCE  
ADDRESS**

ATTORNEY DOCKET NO. <b>16043-74339</b>	
U.S. APPLICATION SERIAL NO. <b>10/617,254</b>	CONFIRMATION NO. <b>2427</b>
FILING DATE <b>July 11, 2003</b>	

INVENTOR(S)

**Myrtle THIERRY-PALMER**

EXAMINER (If known)

**Leon B. LANKFORD, JR**

ART UNIT (If known)

**1651**

TITLE OF APPLICATION

**METHOD FOR IDENTIFYING SALT-SENSITIVE PERSONS**

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number

**24728**

Patent & Trademark Office

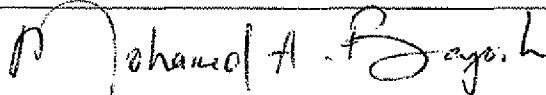
to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

SIGNATURE of Inventor



3-24-30

Signature

Date

**Mohamed A. Bayorh**

Printed or Typed Name

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

<b>REVOCATION AND NEW APPOINTMENT OF POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>		ATTORNEY DOCKET NO. <b>16043-74339</b>
INVENTOR(S) <b>Myrtle THIERRY-PALMER</b>	U.S. APPLICATION SERIAL NO. <b>10/617,254</b>	CONFIRMATION NO. <b>2427</b>
FILING DATE <b>July 11, 2003</b>		
EXAMINER (If known) <b>Leon B. LANKFORD, JR</b>	ART UNIT (If known) <b>1651</b>	
TITLE OF APPLICATION <b>METHOD FOR IDENTIFYING SALT-SENSITIVE PERSONS</b>		

COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint the practitioners associated with Customer Number



to transact all business in the U.S. Patent & Trademark Office in connection with this application.

Please change the correspondence address for the above-identified application to the address associated with the aforementioned Customer Number.

I am the:

Applicant/Inventor.  
 Assignee of record of the entire interest (See 37 CFR 3.71). A statement under 37 CFR 3.73(b) is enclosed.

SIGNATURE of Inventor	
 _____ _____ <b>Keri J. Griffin</b>	<b>04/06/2010</b> _____ _____ Date
<b>Keri J. Griffin</b> _____ _____ Printed or Typed Name	

NOTE: Signatures of all of the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.